10

136-244000

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

01/24/2002

Daniel Luch 17161 Copper Hill Drive Morgan Hill, CA 95037 EXAMINER

CHAPMAN, MARK A

ART UNIT CLASS-SUBCLASS

DATE MAILED: 01/24/2002

1753

| - 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----|-----------------|-------------|----------------------|---------------------|------------------|
| •   | 09/498,102      | 02/04/2000  | Daniel Luch          | • •                 | 8320             |

TITLE OF INVENTION: SUBSTRATE STRUCTURES FOR INTEGRATED SERIES CONNECTED PHOTOVOLTAIC ARRAYS AND PROCESS OF MANUFACTURE OF SUCH ARRAYS

| TOTAL CLAIMS | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| 29           | nonprovisional | YES          | \$640     | \$0             | \$640            | 04/24/2002 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

## HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above. If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is changed, pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above and notify the United States Patent and Trademark Office of the change in status, or

B. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check the box below and enclose the PUBLICATION FEE and 1/2 the ISSUE FEE shown above.
- □ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Box ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

Complete and mail this form, together with applicable fee(s), to:

**Box ISSUE FEE** 

**Assistant Commissioner for Patents** 

Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed

| maintenance fee notifica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tions.                                                                                           |                                                                                                                                                                                        |                                                                                                     |                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | rate "FEE ADDRESS" for          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I)  7590 01/24/2002  Daniel Luch 17161 Copper Hill Drive Morgan Hill, CA 95037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                                                                                        |                                                                                                     |                                                                                                | Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.  Certificate of Mailing I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. |                              |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                        |                                                                                                     |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                        |                                                                                                     |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | (Signature)                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                        |                                                                                                     |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>                  | (Date)                          |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                      | E                                                                                                                                                                                      | FIRST NAMED INVEN                                                                                   | TOR                                                                                            | АТ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TORNEY DOCKET NO.            | CONFIRMATION NO.                |  |
| 09/498,102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02/04/2000                                                                                       | ···                                                                                                                                                                                    | Daniel Luch                                                                                         |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | 8320                            |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPLN. TYPE                                                                                      | SMALL ENTITY                                                                                                                                                                           | ISSUE FEE                                                                                           | PU                                                                                             | IBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL FEE(S) DUE             | DATE DUE                        |  |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nonprovisional                                                                                   | YES                                                                                                                                                                                    | \$640                                                                                               |                                                                                                | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$640                        | 04/24/2002                      |  |
| EXA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MINER                                                                                            | ART UNIT                                                                                                                                                                               | CLASS-SUBC                                                                                          | LASS                                                                                           | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                 |  |
| СНАРМА                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N, MARK A                                                                                        | 1753                                                                                                                                                                                   | 136-24400                                                                                           | 00                                                                                             | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                 |  |
| Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Use of PTO form(s) and Customer Number are recommen but not required.      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.      ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                                                                                        | the names of u or agents OR, single firm (h. atterney or ag registered pater is listed, no nan      |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |
| been previously submit<br>(A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ted to the USPTO or is                                                                           | being submitted under ser                                                                                                                                                              | parate cover. Completic<br>3) RESIDENCE: (CIT                                                       | on of this<br>Y and ST                                                                         | form is NOT a sul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ostitute for filing an assig | e when an assignment has nment. |  |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                                                                                        |                                                                                                     |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |
| The state of the s |                                                                                                  |                                                                                                                                                                                        | A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |
| Tublication ree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                                                                        | The Commissioner is                                                                                 | Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |
| Advance Order - # 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Copies                                                                                           | D                                                                                                                                                                                      | eposit Account Numbe                                                                                | r                                                                                              | (enclo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ose an extra copy of this f  | orm).                           |  |
| The COMMISSIONER ( application identified abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  | ADEMARKS is requeste                                                                                                                                                                   | d to apply the Issue Fe                                                                             | e and Pu                                                                                       | blication Fee (if an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y) or to re-apply any pre    | viously paid issue fee to the   |  |
| other than the application interest as shown by the Burden Hour Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nt; a registered attorned records of the United to This form is estimate of the individual case. | (Date)  f required) will not be a y or agent; or the assign states Patent and Traderna d to take 0.2 hours to com Any comments on the arr hief Information Officer 31. DO NOT SEND FEE | nee or other party in ork Office.  Inplete. Time will vary pount of time required.                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |  |

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## United States Patent and Trademark Office



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231 www.uspto.gov

| APPLICATION NO.                  | FILING DAT | E       | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|----------------------------------|------------|---------|----------------------|-------------------------|------------------|--|
| 09/498,102 02/04/2000            |            | )       | Daniel Luch          | niel Luch               |                  |  |
| 7:                               | 590 01/2   | 24/2002 |                      | EXAMINER                |                  |  |
| Daniel Luch<br>17161 Copper Hill | Drive      |         |                      | CHAPMAN, MARK A         |                  |  |
| Morgan Hill, CA 9                |            |         |                      | ART UNIT                | PAPER NUMBER     |  |
| UNITED STATES                    |            |         | 1753                 |                         |                  |  |
|                                  |            |         |                      | DATE MAILED: 01/24/2002 |                  |  |

## Determination of Patent Term Extension under 35 U.S.C. 154 (b) (application filed after June 7, 1995 but prior to May 29, 2000)

The patent term extension is 0 days. Any patent to issue from the above identified application will include an indication of the 0 day extension on the front page.

If a continued prosecution application (CPA) was filed in the above-identified application, the filing date that determines patent term extension is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) system. (http://pair.uspto.gov)

| .,                                                                                                                                                                                                                                                                                                      | Application No.                                                                                            | Applicant(s)                                                                                          |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                         | 09/498,102                                                                                                 | LUCH, DANIEL                                                                                          |  |  |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                  | Examiner                                                                                                   | Art Unit                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                         | Mark A. Chapman                                                                                            | 1753                                                                                                  |  |  |  |  |
| The MAILING DATE of this communication apper<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85)<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI<br>of the Office or upon petition by the applicant. See 37 CFR 1.313 | (OR REMAINS) CLOSED in this apport or other appropriate communication GHTS. This application is subject to | olication. If not included will be mailed in due course. THIS                                         |  |  |  |  |
| 1. This communication is responsive to <u>10-18-01</u> .                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                       |  |  |  |  |
| 2. The allowed claim(s) is/are <u>2-30</u> .                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                                       |  |  |  |  |
| 3. $\boxtimes$ The drawings filed on <u>2-4-00</u> are accepted by the Examine                                                                                                                                                                                                                          |                                                                                                            |                                                                                                       |  |  |  |  |
| <ul> <li>4. ☐ Acknowledgment is made of a claim for foreign priority und</li> <li>a) ☐ All b) ☐ Some* c) ☐ None of the:</li> </ul>                                                                                                                                                                      | ler 35 U.S.C. § 119(a)-(d) or (f).                                                                         |                                                                                                       |  |  |  |  |
| <ol> <li>Certified copies of the priority documents have</li> </ol>                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                       |  |  |  |  |
| 2. Certified copies of the priority documents have                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                                       |  |  |  |  |
| 3. Copies of the certified copies of the priority do                                                                                                                                                                                                                                                    | cuments have been received in this i                                                                       | national stage application from the                                                                   |  |  |  |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                       |  |  |  |  |
| * Certified copies not received:                                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                       |  |  |  |  |
| 5. Acknowledgment is made of a claim for domestic priority un                                                                                                                                                                                                                                           |                                                                                                            | onal application).                                                                                    |  |  |  |  |
| (a) The translation of the foreign language provisional a                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                       |  |  |  |  |
| 6. Acknowledgment is made of a claim for domestic priority un                                                                                                                                                                                                                                           | nder 35 U.S.C. §§ 120 and/or 121.                                                                          |                                                                                                       |  |  |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                               |                                                                                                            |                                                                                                       |  |  |  |  |
| 7. A SUBSTITUTE OATH OR DECLARATION must be subm INFORMAL PATENT APPLICATION (PTO-152) which gives reas                                                                                                                                                                                                 | on(s) why the oath or declaration is                                                                       | deficient.                                                                                            |  |  |  |  |
| 8. CORRECTED DRAWINGS must be submitted.  (a) including changes required by the Notice of Draftspers  1) hereto or 2) to Paper No                                                                                                                                                                       | son's Patent Drawing Review ( PTO                                                                          | -948) attáched                                                                                        |  |  |  |  |
| (b) including changes required by the proposed drawing of                                                                                                                                                                                                                                               | correction filed, which has be                                                                             | een approved by the Examiner.                                                                         |  |  |  |  |
| (c) including changes required by the attached Examiner                                                                                                                                                                                                                                                 |                                                                                                            | Office action of Paper No                                                                             |  |  |  |  |
| Identifying indicia such as the application number (see 37 CFR 1 of each sheet. The drawings should be filed as a separate paper                                                                                                                                                                        | 84(c)) should be written on the drawir<br>with a transmittal letter addressed to                           | ngs in the top margin (not the back)<br>the Official Draftsperson.                                    |  |  |  |  |
| 9. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.                                                                                                         |                                                                                                            |                                                                                                       |  |  |  |  |
| Attachment(s)                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                       |  |  |  |  |
| <ul> <li>1 Notice of References Cited (PTO-892)</li> <li>3 Notice of Draftperson's Patent Drawing Review (PTO-948)</li> <li>5 Information Disclosure Statements (PTO-1449), Paper No</li></ul>                                                                                                          | 4∏ Interview Summa<br>6∏ Examiner's Ame                                                                    | al Patent Application (PTO-152) ary (PTO-413), Paper No ndment/Comment ement of Reasons for Allowance |  |  |  |  |
|                                                                                                                                                                                                                                                                                                         |                                                                                                            | Mark A. Chapman<br>Primary Examiner<br>Art Unit: 1753                                                 |  |  |  |  |